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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Central African Republic

SUMMARY

The Executive Director presents the country programme strategy note for the Central African Republic for a programme of cooperation for the period 1997-2001.

The Central African Republic, a land-locked country with abundant natural resources, has been experiencing serious economic hardships for the past 20 years. The situation of children and women is precarious and is characterized by high mortality rates due to infectious diseases and malnutrition. Low school enrolment rates, especially for girls, are an obstacle to the country's development. The proposed programme is consistent with the recommendations of the World Summit for Children and the Convention on the Rights of the Child. The primary objective is to achieve 60 per cent coverage in high quality basic services for the population in the targeted areas. This will be achieved through measures taken under the sectoral programmes which make up this programme: (a) health and nutrition; (b) water, sanitation and environment; (c) basic education; and (d) monitoring, information and management. The programme will be based on several strategies: (a) strengthening the quality of basic services provided; (b) community participation, enhancing the potential of women and improving the decision-making capacity at the community level; (c) improving monitoring and supervision; (d) capacity-building for decentralized management of information and improvement of monitoring, coordination and planning; (e) focusing of sectoral actions in certain zones to assess the outcome of the programme; and (f) intensifying of political advocacy to promote the protection and rights of children and women.

* E/ICEF/1996/2.

** An addendum to the present report containing the country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. Although its abundant natural resources (which include mineral and forestry reserves) are a potential source of considerable wealth, the Central African Republic has been facing an economic crisis for over 20 years. Almost 63 per cent of the population live below the poverty line and the population and health survey conducted in 1994-1995 has assessed the infant mortality rate (IMR) and under-five mortality rate (U5MR) at 97 and 157 per thousand live births respectively. Malaria, respiratory infections, malnutrition and measles are some of the chief causes of death and sickness among children. These illnesses are often due to poor environmental health, inadequate supplies and poor management of drinking water, poor sanitation and harmful practices and habits at the individual and family level. The fertility rate is high; the average number of children in a Central African family is 6.1. However, the Central African Republic is one of those African countries with a high sterility rate. The maternal mortality rate (MMR), estimated at 680 per 100,000 live births, is reportedly linked to teenage and late pregnancies (17 per cent of births involve mothers between the ages of 15 and 19 and women often go on bearing children until the age of 49) and to the overall poor performance and efficiency of the health system and especially for this type of care. Traditional practices such as excision, hard work at home and in the fields and lack of education are all factors which undermine the health of girls.

2. Although there are no precise data, it is estimated that the rates of moderate and severe malnutrition are high among children under five years of age. The protein/calorie malnutrition (PEM) rate is estimated at 7.5 per cent. This is due not so much to lack of availability of foods as to limited knowledge on the part of the mothers and to the quality of care given to the children. Two out of three Central Africans suffer from iodine deficiency disorder (IDD); depending on the region the rate can be anywhere between 23 and 90 per cent. The Government recently initiated a universal iodization policy and adopted a series of laws banning the importation of non-iodized salt. It is also working to establish a partnership with other countries of the subregion, in particular Cameroon, where most of the salt consumed in Central African Republic originates. The prevalence of seropositivity is estimated at 15 per cent in urban areas. Young people, especially girls who have dropped out of school, are the most vulnerable and most at risk because of their reluctance to use the health services and their preference for self-medication in cases of sexually transmitted diseases (STD). The literacy rate among women is 41 per cent compared with 60 per cent for men. The crude school enrolment rate in primary education is 82 per cent for boys compared with 53 per cent for girls. Drop-out rates are high, varying between 59 and 69 per cent for girls compared with 31 and 41 per cent for boys, which suggests a problem of quality of education. The low enrolment rates are due primarily to a lack of infrastructure and shortage of trained human resources and the fact that the curricula are not relevant to the socio-economic reality of the country.

LESSONS LEARNED FROM PAST COOPERATION

3. The programme, which was originally adopted for the period 1993-1997 was shortened by one year to bring it into line with the programming cycles of other United Nations agencies. It resulted in: (a) a redefinition of the importance of children, in particular those in especially difficult circumstances, as one of the Government's priority concerns; (b) a significant increase in vaccination rates and revitalization of the Bamako Initiative/primary health care (PHC) strategy under which community participation in management of the health system has been strengthened; and (c) an intensification of the IDD prevention programme following the universal salt iodization policy undertaken by the Government. Thanks to the programme's advocacy activities attention has been drawn to the need to supplement the formal system in order to speed up access for all, especially girls, to basic education and this has become a national priority. It would be advisable to follow this up quickly by formulating and implementing an appropriate national policy in this sector. However, overall, the programme has revealed a number of shortcomings which have hindered achievement of the mid-decade goals and of the programme itself and have also limited its impact. These include (a) incompatibility between the ambitious objectives and the limited human and financial resources available (only 26 per cent of additional funding expected between 1993 and 1995 was obtained); and (b) inadequate integration of strategies for capacity-building, inter- and intrasectoral coordination, community participation and decision-making, especially with respect to women, all of which factors are essential for continuity.

4. More precisely, one of the major constraints was the poor follow-up and monitoring of basic services, a situation exacerbated by strikes and unsuitable working methods. For example, only 40 per cent of data on coverage of health services reach the competent ministry. With an information system that is unsatisfactory at all levels, sectoral planning is carried out through special and costly surveys and studies. Valuable lessons for the future may be drawn from the programme results and constraints. These include (a) first and foremost the need to support national human resources in order to strengthen capacities and skills for planning, management, monitoring and evaluation; (b) the need for realistic programming taking into account the resources and expertise available for implementing the programme; and (c) the importance of taking advantage of opportunities to establish a partnership between community, State and other entities to accelerate the provision of basic services to the public.

PROPOSED COUNTRY PROGRAMME STRATEGY

5. The Government has endorsed the objectives of the World Summit for Children and has signed the Convention on the Rights of the Child. It has drawn up the broad outline for a national plan of action designed for the protection and advancement of children and women, especially those in difficult circumstances, by setting the following objectives: (a) reduction of IMR from 97 to 60 per 1,000 live births; (b) reduction of the U5MR from 157 to 130 per 1,000 live births; (c) reduction of MMR from 680 to 500 per 100,000 live births; (d) reduction of the rate of severe malnutrition among the under-five group from the

estimated 7.5 to 4 per cent; (e) reduction of the risk of HIV seroprevalence for girls and boys between the ages of 5 and 19 by 50 per cent; and (f) reduction of the prevalence of goitre from 63 to 15 per cent. The proposed programme will help achieve the above-mentioned national objectives. It takes into account lessons learned from previous cooperation and the recommendations of recent international conferences. The chief objective will be to achieve effective coverage of quality basic services for 60 per cent of the population in the target areas. This will be achieved through planned activities in the following sectoral programmes: (a) health and nutrition; (b) water, sanitation and environment; (c) basic education; and (d) monitoring, information and management of the other three programmes.

6. The comprehensive country programme strategy includes improvement in the quality of basic services and community participation. Such participation would include several aspects: (a) enhancing the potential of women at all levels (community, intermediate and national); (b) improving the decision-making capacity of communities based on a system of feed-back between the persons providing the services and the community, and community-based sentinel surveillance; (c) improving monitoring and supervision at the intermediate level; (d) at the national level, capacity-building for decentralized management of information; improving monitoring, coordination and planning; and promoting dialogue and a partnership between the national facilities for project execution in order to maximize the impact of action, particularly in areas on which sectoral programmes focus; (e) focusing of sectoral actions in certain areas for purposes of evaluating programme results; and (f) intensification of political advocacy to promote the protection and rights of children and women.

7. The objectives of the health and nutrition programme include: (a) to increase the effective coverage of health and nutrition services from 25 to 50 per cent at the 224 health centres in the country; (b) to raise nationwide coverage of the expanded programme on immunization (EPI) from 30 to 80 per cent for all antigens and to eliminate poliomyelitis; (c) to bring about a 50 per cent reduction in infant and maternal morbidity due to micronutrient deficiencies, including iodine deficiency; and (d) to help eradicate dracunculiasis. This programme will be based on the following strategies: (a) improving the performance of the health centres in keeping with the principles of the Bamako Initiative, including provision of a minimum package of basic services, jointly managed and financed with the communities, and by improving the performance of the providers; (b) revitalization of the monitoring system at the regional level; (c) improvement of the information system to facilitate decision-making at all levels; (d) better supervision of the communities to ensure that they are better able to handle the information with a view to improving their health and nutritional status and (e) promotion of community participation, especially that of women to ensure that they are able to play a greater role in the management and mobilization of resources for the health services.

8. The objectives of the water, sanitation and environment programme are: (a) to provide access to clean drinking water and sanitation facilities for 100 per cent of the population in the prefectures of Ouham and Nana-Grébizi, representing 9 per cent coverage in national terms; and (b) to develop a national policy for sanitation and primary environmental protection and apply it

on an experimental basis in the above-mentioned zones and in the outlying districts of Bangui. The programme will be based on the following strategies: (a) promotion of the partnership between providers and users of services; this partnership will follow a participatory approach which will encourage intrasectoral interaction, community management of information to strengthen the decision-making power of the beneficiaries and decentralized coordination to manage sectoral data at all levels; (b) promotion of healthful behaviour through community-based surveillance, health education and hygiene; and (c) mobilization of households and communities for the more rational use and conservation of water resources.

9. The objectives of the basic education programme are: (a) to attain a 60 per cent school enrolment rate for girls; (b) to ensure that at least 80 per cent of girls enrolled in primary school remain at least until the end of the fourth year of the first basic cycle and that 70 per cent complete the first basic cycle; and (c) to guarantee that 50 per cent of girls are admitted to the formal system after three or four years of community school. The strategies will be as follows: (a) reduction of the student/teacher ratio by increasing the number of teachers; (b) optimizing teacher performance by establishing dynamic educational teams and setting up a double session or two-stream system; (c) strengthening teacher training by providing more staff and supervision with a view to guaranteeing the quality of services provided; and (d) promoting a partnership between the State, parent-teacher associations and other agents involved in the sector, to accelerate the process of joint management and financing of the school system with the communities. Although the programme would have national coverage, it would be targeted primarily at the six prefectures where the school enrolment rate for girls is the lowest.

10. The purpose of the monitoring, information and management programme is to: (a) set up an information system which will provide reliable and relevant data for social planning; (b) develop capacity in respect of the planning, management, monitoring, evaluation and coordination of social programmes at the community, local and intermediate levels; (c) increase national and community capacities for increased mobilization to combat the most pressing social problems, in particular, iodine deficiency, AIDS and environmental degradation in urban and rural areas; and (d) to implement the Convention on the Rights of the Child by focusing on the reduction of disparities between the sexes and the protection and development of girls and children in especially difficult circumstances. The strategies will be to: (a) organize a community-based system in rural and urban areas so as to improve decision-making regarding the management of natural, financial, human and nutritional resources; (b) encourage planners and decision makers to use the social data collected; (c) improve supervision of young people with emphasis on girls at risk (STD and HIV); and (d) seek community solutions to the problems of children in especially difficult circumstances. This programme will provide all the other sectors with the community-based sentinel surveillance mechanism that they require. It will operate throughout the country to disseminate information acquired at the community and intermediate levels. It will also facilitate use of the data collected as a basis for advocating change, developing national policies and mobilizing resources for the survival and advancement of children and women.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation 1997-2001 a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 550	2 000	3 550
Water, sanitation and environment	1 250	1 500	2 750
Basic education	1 250	1 500	2 750
Monitoring, information and management	950	-	950
Total	5 000	5 000	10 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.